

# **EXHIBIT A**

Alex Padilla  
California Secretary of State

## Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Monday, June 5, 2017. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

199822910047 JARVIS & MANDELL, LLC

<b>Registration Date:</b>	08/17/1998
<b>Jurisdiction:</b>	CALIFORNIA
<b>Entity Type:</b>	DOMESTIC
<b>Status:</b>	CONVERTED-OUT
<b>Agent for Service of Process:</b>	CHRISTOPHER JARVIS 2321 ROSECRANS AVE STE 1280 EL SEGUNDO CA 90245
<b>Entity Address:</b>	2321 ROSECRANS AVE STE 1280 EL SEGUNDO CA 90245
<b>Entity Mailing Address:</b>	*
<b>LLC Management</b>	Member Managed

Document Type	↕	File Date	↕	PDF
AMENDMENT		02/02/2007		Image unavailable. Please request paper copy.
SI-NO CHANGE		06/05/2006		
SI-COMPLETE		07/06/2004		
AMENDMENT		03/20/2000		
REGISTRATION		08/17/1998		

\* Indicates the information is not contained in the California Secretary of State's database.

**Note:** If the agent for service of process is a corporation, the address of the agent may be requested by ordering a status report.

- For information on checking or reserving a name, refer to [Name Availability](#).
- If the image is not available online, for information on ordering a copy refer to [Information Requests](#).
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search or to request a more extensive search for records, refer to [Information Requests](#).

- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Frequently Asked Questions](#).

**Modify Search**

**New Search**

**Back to Search Results**



**State of California**  
**Bill Jones**  
**Secretary of State**

LLC-1

**LIMITED LIABILITY COMPANY**  
**ARTICLES OF ORGANIZATION**

**IMPORTANT - Read the instructions before completing the form.**

This document is presented for filing pursuant to Section 17050 of the California Corporations Code.

1. Limited liability company name:

(End the name with LLC, L.L.C., Limited Liability Company or Ltd. Liability Co.)

TRIARC ADVISORS LLC

2. Latest date (month/day/year) on which the limited liability company is to dissolve. August 1, 2038

3. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the Beverly-Killea Limited Liability Company Act.

4. Enter the name of initial agent for service of process and check the appropriate provision below:

Christopher Jarvis

\_\_\_\_\_, which is

☒ an individual residing in California.

☐ a corporation which has filed a certificate pursuant to Section 1505 of the California Corporations Code.  
 Skip Item 5 and proceed to Item 6.

5. If the initial agent for service of process is an individual, enter a business or residential street address in California:

Street address: 269 S Beverly Drive Ste. 810

City: Beverly Hills

State: California

Zip Code: 90212

6. The limited liability company will be managed by: (check one)

☐ one manager

☐ more than one manager

☒ limited liability company members

7. Describe type of business of the Limited Liability Company.

Financial Advisory Firm

8. If other matters are to be included in the Articles of Organization attach one or more separate pages.

Number of pages attached, if any: -0-

9. It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

Signature of organizer

Tiffany Williams

Type or print name of organizer

Date: August 13, 19 98

For Secretary of State Use

File No. 101998229047

**FILED**

In the office of the Secretary of State  
 of the State of California

**AUG 17 1998**

BILL JONES, Secretary of State



**State of California**  
**Bill Jones**  
**Secretary of State**

**FILED**  
 In the Office of the Secretary of State  
 of the State of California

MAR 20 2000

*Bill Jones*  
**BILL JONES, Secretary of State**

This Space For Filing Use Only

**LIMITED LIABILITY COMPANY  
 CERTIFICATE OF AMENDMENT**

A \$30.00 filing fee must accompany this form  
**IMPORTANT - Read instructions before completing this form.**

1. Secretary of State File Number: 101998229047-199822910047 2. Name of Limited Liability Company: TRIARC ADVISORS, LLC
3. Complete only the sections where information is being changed. Additional pages may be attached if necessary.
- A. Limited Liability Company Name (end the name with the words "Limited Liability Company," "Ltd. Liability Co." or the abbreviations "LLC" or "L.L.C.")  
JARVIS & MANDELL, LLC
- B. The Limited Liability Company will be managed by (Check One):  
☐ one manager ☐ more than one manager ☐ single member limited liability company ☐ all limited liability company members
- C. Amendment to text of the Articles of Organization.
- D. Other matters to be included in this certificate may be set forth on separate attached pages and are made a part of this certificate. Other matters may include a change in the latest date on which the limited liability company is to dissolve or any change in the events that will cause the dissolution.

4. Future Effective Date, if any: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

5. Number of pages attached, if any: 0

6. **Declaration:** It is hereby declared that I am the person who executed this instrument, which execution is my act and deed

*[Signature]*  
 Signature of Authorized Person

Christopher R. Jarvis  
 Type or Print Name and Title

3/15/2000  
 Date

7. RETURN TO:

NAME CHRISTOPHER JARVIS  
 FIRM JARVIS & MANDELL  
 ADDRESS 269 S. BEVERLY DRIVE #810  
 CITY/STATE BEVERLY HILLS, CA  
 ZIP CODE 90212



**State of California**  
**Kevin Shelley**  
**Secretary of State**

**LIMITED LIABILITY COMPANY – STATEMENT OF INFORMATION**

Filing Fee \$20.00 – If Amendment, See Instructions

**IMPORTANT - Read Instructions Before Completing This Form**

**FILED**  
 In the office of the Secretary of State  
 of the State of California

JUL 06 2004

*Kevin Shelley*  
 KEVIN SHELLEY, SECRETARY OF STATE

1. LIMITED LIABILITY COMPANY NAME (Do not alter if name is preprinted)

JARVIS & MANDELL, LLC  
 1875 CENTURY PARK EAST STE 1550  
 LOS ANGELES CA 90067

1688

This Space For Filing Use Only *Nec*

☐ IF THERE HAS BEEN NO CHANGE IN ANY OF THE INFORMATION CONTAINED IN THE LAST STATEMENT OF INFORMATION ON FILE WITH THE CALIFORNIA SECRETARY OF STATE, CHECK THE BOX AND PROCEED TO ITEM 12.

2. SECRETARY OF STATE FILE NUMBER

**199822910047**

3. STATE OR PLACE OF ORGANIZATION

**CA**

4. PRINCIPAL EXECUTIVE OFFICE

STREET ADDRESS

**2321 Rosserans Avenue Suite 1280**

CITY

**El Segundo**

STATE **CA**

ZIP CODE

**90245**

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (FOR DOMESTIC ONLY)

STREET ADDRESS

**2321 Rosserans Avenue Suite 1280**

CITY

**EL SEGUNDO**

STATE **CA**

ZIP CODE

**90245**

5. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS

☒ AN INDIVIDUAL RESIDING IN CALIFORNIA

☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME: **CHRISTOPHER JARVIS**

7. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

ADDRESS **CHRISTOPHER JARVIS 2321 Rosserans Ave #1280**

CITY **EL SEGUNDO**

STATE **CA**

ZIP CODE

**90245**

8. DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY.

**MARKETING**

9. LIST THE NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER. ATTACH ADDITIONAL PAGES, IF NECESSARY.

1. NAME

**CHRIS JARVIS**

ADDRESS

**217C 33rd St**

CITY

**EL SEGUNDO MANHATTAN BEACH**

STATE **CA**

ZIP CODE

**90266**

2. NAME

**DAVID MANDELL**

ADDRESS

**155 ISLE OF VENUE #504**

CITY

**FT LAUDERDALE**

STATE **FL**

ZIP CODE

**33301**

3. NAME

ADDRESS

CITY

STATE

ZIP CODE

10. CHIEF EXECUTIVE OFFICER (CEO), IF ANY:

NAME

ADDRESS

CITY

STATE

ZIP CODE

11. NUMBER OF PAGES ATTACHED, IF ANY:

12. THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE.

**CHRISTOPHER JARVIS**  
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM

*Christopher Jarvis*  
 SIGNATURE

**MANAGER**  
 TITLE

**5/24/04**  
 DATE

**DUE DATE: 08/31/2004**



# State of California

## Secretary of State

### STATEMENT OF INFORMATION (Limited Liability Company)

17

Filing Fee \$20.00. If amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

199822910047  
JARVIS & MANDELL, LLC  
2321 ROSECRANS AVE STE 1280  
EL SEGUNDO CA 90245

**FILED**  
In the office of the Secretary of State  
of the State of California

JUN 05 2006

This Space For Filing Use Only

**DUE DATE: 08/31/2006****FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER

199822910047

3. STATE OR PLACE OF ORGANIZATION

CA

**NO CHANGE STATEMENT**

☒ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 13

If there have been any changes to the information contained in the last Statement of Information filed, or no Statement of Information has been previously filed, this form must be completed in its entirety.

**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) CITY STATE ZIP CODE

CA

**NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY**

6. NAME ADDRESS CITY AND STATE ZIP CODE

**NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER** (Attach additional pages, if necessary.)

7. NAME ADDRESS CITY AND STATE ZIP CODE

8. NAME ADDRESS CITY AND STATE ZIP CODE

9. NAME ADDRESS CITY AND STATE ZIP CODE

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

CA

**TYPE OF BUSINESS**

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

Christopher R Jarvis

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

partner

TITLE

6.2.06

DATE



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/22/2006	200623303006	REGISTRATION OF FOREIGN LIMITED LIABILITY CO (LFA)	125.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

CHRISTOPHER JARVIS  
2321 ROSECRANS AVE  
EL SEGUNDO, CA 90245

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1642946

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**JARVIS AND MANDELL, LLC**

and, that said business records show the filing and recording of:

Document(s)

**REGISTRATION OF FOREIGN LIMITED LIABILITY CO**

Document No(s):

**200623303006**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 18th day of August, A.D.  
2006.

*J. Kenneth Blackwell*  
Ohio Secretary of State





Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio (614) 466-3910  
Toll Free 1-877-SOS-FILE (1-877-767-3453)

[www.state.oh.us/sos](http://www.state.oh.us/sos)  
e-mail [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

Expedite this Form: (Select One)

Mail Form to one of the Following:

- ☒ Yes PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*
- ☐ No PO Box 670  
Columbus, OH 43216

# ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

<p>(1) <input type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705</p>	<p>(2) <input checked="" type="checkbox"/> Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705</p> <p><u>8-17-1998</u> <u>California</u> (Date of Formation) (State)</p>
--	---

Complete the general information in this section for the box checked above.

Name Jarvis and Mandell, LLC

☐ Check here if additional provisions are attached

\* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L t d , LLC, L L C

Complete the information in this section if box (1) is checked.

Effective Date (Optional) \_\_\_\_\_ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.  
(mm/dd/yyyy)

This limited liability company shall exist for \_\_\_\_\_  
(Optional) (Period of existence)

Purpose  
(Optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is  
(Optional)

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_ NOTE: P.O. Box Addresses are NOT acceptable.

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Complete the information in this section if box (1) is checked Cont.

### ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

\_\_\_\_\_  
(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

\_\_\_\_\_  
(Name of Agent)

\_\_\_\_\_  
(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(City)

Ohio

(State)

\_\_\_\_\_  
(Zip Code)

Must be authenticated by an  
authorized representative

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

### ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

\_\_\_\_\_  
(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

\_\_\_\_\_  
(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

Christopher R Jarvis  
(Name)  
2321 Rosecrans Ave #1280  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.  
El Segundo CA 90245  
(City) (State) (Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

Jarvis and Mandell, LLC

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Jason O'Dell  
(Name)  
8041 Hoshbrook Rd #208  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.  
Cincinnati Ohio 45236  
(City) (State) (Zip Code)


The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:


- a the agent cannot be found, or
- b the limited liability company fails to designate another agent when required to do so, or
- c the limited liability company's registration to do business in Ohio expires or is cancelled.

"The Secretary of State in Ohio can be the agent"

#### REQUIRED

Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

  
Authorized Representative Date 7/20/04  
Christopher R Jarvis  
(Print Name)

  
Authorized Representative Date  
(Print Name)